

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

440

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200, Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY
Postmark Date: 3-31-01

L. Suggs

1. NAME Spradley Thomas M1
Last First

2. BUSINESS PHONE 225 766-1351

3. BUSINESS ADDRESS 10631 N. Oak Hills Plaza, STE B, Baton Rouge, LA 70810
Street and No. City State Zip

MAILING ADDRESS same as above
Street and No. City State Zip

4. EMPLOYER Spradley & Spradley, Inc.

5. EMPLOYER'S ADDRESS same as above
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Blue Cross Blue Shield of La, Southern National Life Ins. Co. Inc.
Address P.O. Box 76029 Baton Rouge, LA 70869-3802

Business or purpose INSURANCE

New Representation

Does this person pay you?

If No, who pays you?

Terminated Representation as of 03/16/01

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number _____

2. Name _____

Address _____

Business or purpose _____

New Representation

Does this person pay you?

If No, who pays you?

Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

New Representation

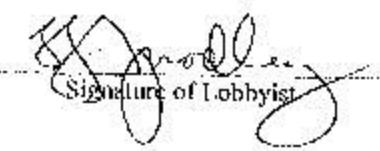
Does this person pay you?

If No, who pays you?

Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [L.S.A-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist